

ORDER NO.:

**COMMONWEALTH OF VIRGINIA  
VIRGINIA DEPARTMENT OF TRANSPORTATION**

**CERTIFICATE OF INSURANCE**

This form must be completed and returned with in 15 days of notification of contract award to:  
State Contract Engineer  
Virginia Department of Transportation  
1401 E. Broad Street, Richmond, VA 23219

This is to Certify that the \_\_\_\_\_  
Insurance Company

Assured \_\_\_\_\_  
Company

Address \_\_\_\_\_  
Street City/County State Zip Code

**Policies of Insurance Described as Follows:**

Kind of Policy	Workmen's Compensation	Bodily Injury Liability and Property Damage Liability
Policy Number		
Effective Dates	From: To:	From: To:
Limits of Compensation	Provided by Workmen's Compensation Laws of Commonwealth of Virginia	Each Occurrence: \$ _____ Aggregate: \$ _____
Exact Location Covered		
Classification of Work Covered (detail)		

This Certificate is issued at the request of the Virginia Department of Transportation, 1401 E. Broad Street, Richmond, Va. 23219.

Dated at \_\_\_\_\_  
City/County State Agency

on the \_\_\_\_\_ of \_\_\_\_\_  
Day Month Year By: \_\_\_\_\_  
Authorized Representative